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Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the:  Northern District of linois  Case number (If known):	Chapter you are filing under:  X Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is amended filing

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	irt 1: Identify Yourself		
	V	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Your full name		
	Write the name that is on your	Cheryl	
	government-issued picture identification (for example,	First name	First name
	your driver's license or	M.	
	passport).	Middle name	Middle name
	Bring your picture	Kwiatkowski	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
	All other names you have used in the last 8	First name	First name
	years		
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
	Only the last 4 digits of		
	your Social Security	xxx - xx - 0 8 0 2	xxx - xx
	number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1	Cheryl M.	Kwiatkowski		Case number (if known)	
DODIO! !	First Name Middle I	Name Last Name		and the transfer to the transfer to	
		About Debtor 1:		About Debtor 2 (Spo	use Only in a Joint Case):
4. Anv	business names				
	Employer	I have not used any b	usiness names or EINs.	I have not used an	y business names or EINs.
lder	ntification Numbers				
	l) you have used in				
the	last 8 years	Business name		Business name	
5500000	ide trade names and				
doin	g business as names	Business name		Business name	
		EIN		EIN	
		EIN		EIN	
5. Who	ere you live			If Debtor 2 lives at a	different address:
		13347 S. Commercial Avenue	p		
		Number Street		Number Street	
		Apt. 2S			
		Chicago	IL 60633		
		City	State ZIP Code	City	State ZIP Code
		Cook			
		County		County	
				W.D14 01	and the second forms
		above, fill it in here. Not	is different from the one e that the court will send	vours, fill it in here.	address is different from Note that the court will send
		any notices to you at this		any notices to this mai	ling address.
		Number Street		Number Street	
		P.O. Box		P.O. Box	
		City	State ZIP Code	City	State ZIP Code
6. Why	you are choosing district to file for	Check one:		Check one:	
	kruptcy	X Over the last 180 days	s before filing this petition,	Over the last 180 d	ays before filing this petition,
	,	I have lived in this dist other district.	trict longer than in any	I have lived in this of other district.	district longer than in any
		I have another reason.		I have another reas	son. Explain.
		(See 28 U.S.C. § 1408	y.)	(See 28 U.S.C. § 1	400.)
				-	

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De	ebtor 1	Cheryl First Name	M. Middle Na	ame	Kwiatkowsl Last Name	ki		Case number (#)	known)_
					( Address of the Control of the Cont				
P	art 2:	Tell the C	ourt Abo	ut Your E	Bankruptc	y Case			
7.	The chapter of the Bankruptcy Code you are choosing to file					orief description of each m 2010)). Also, go to th			U.S.C. § 342(b) for Individuals Filing he appropriate box.
	are choosing to file under			X Cha	pter 7				
	unaei			☐ Cha	pter 11				
				☐ Cha	pter 12				
				☐ Cha	pter 13				
8.	Howy	you will pay	the fee	loca your subr with  I nec App  I rec By la less	I court for reself, you manitting you a pre-print ed to pay to discourage that aw, a judge than 150%	more details about he hay pay with cash, car payment on your betted address.  the fee in installment Individuals to Pay Towns fee be waived (fee may, but is not require of the official pover	ow you reashier's dehalf, you may uired to, ty line the	may pay. Typical check, or money ur attorney may bu choose this op Fee in Installment request this opt waive your fee, at applies to you	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check of the control o
9.	bankr	you filed fo ruptcy withi years?		X No		g Fee Waived (Offici	When	MM / DD / YYYY	Case number
					District		When	MM / DD / YYYY	Case number
					District		When		Case number
10.		ny bankrupi		X <sub>□ No</sub>					
	filed b	pending or y a spouse	who is	☐ Yes.	Debtor				Relationship to you
	you, c	ing this cas or by a businer, or by an te?			District		When	MM / DD / YYYY	Case number, if known
	arrina				Debtor				Relationship to you
					District		When	MM / DD / YYYY	Case number, if known
11.	Do yo	u rent your ince?			residence?  No. Go  Yes. Fi	andlord obtained an evi			and do you want to stay in your  Against You (Form 101A) and file it with

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Debtor			Kwiatkowski		Case number (# known)	
	First Name Middle	Name	Last Name			
Part	3: Report About An	y Busines:	ses You Own as a So	le Proprietor		
	re you a sole propriet fany full- or part-time	or X No.	Go to Part 4.			
	usiness?	☐ Yes	Name and location of bu	isiness		
	sole proprietorship is a isiness you operate as an					
inc	dividual, and is not a parate legal entity such as		Name of business, if any			
а	corporation, partnership, o		Number Street			
LL If v	you have more than one					
so	le proprietorship, use a parate sheet and attach it					
	this petition.		City		State ZIF	Code
			Check the appropriate b	ox to describe your be	usiness:	
			☐ Health Care Busines	s (as defined in 11 U	.S.C. § 101(27A))	
			☐ Single Asset Real E	state (as defined in 11	U.S.C. § 101(51B))	
			☐ Stockbroker (as defi			
			Commodity Broker (	as defined in 11 U.S.C	C. § 101(6))	
			☐ None of the above			
Cl Ba ar	re you filing under hapter 11 of the ankruptcy Code and e you a <i>small busines</i> abtor?	can set most re any of t	appropriate deadlines. If cent balance sheet, state hese documents do not e	you indicate that you a ment of operations, ca exist, follow the proced	are a small business deb ash-flow statement, and f	I business debtor so that it otor, you must attach your federal income tax return or if 1)(B).
	or a definition of small	X No.	I am not filing under Cha	ipter 11.		
	u.s.c. § 101(51D).	☐ No.	I am filing under Chapte the Bankruptcy Code.	r 11, but I am NOT a s	small business debtor ac	cording to the definition in
		☐ Yes	I am filing under Chapte Bankruptcy Code.	r 11 and I am a small	business debtor according	ng to the definition in the
	M					
Part	49 Report if You Ow	n or Have	Any Hazardous Prop	erty or Any Prope	rty That Needs Imm	ediate Attention
	you own or have any					
	operty that poses or i leged to pose a threat		What is the hazard?	P-112		
of	imminent and					
1357750	entifiable hazard to iblic health or safety?			-		
	do you own any					
im	operty that needs mediate attention?		If immediate attention is	s needed, why is it ne	eded?	
per tha	r example, do you own rishable goods, or livestoo at must be fed, or a buildin at needs urgent repairs?			8 <del>1</del>		
			Where is the property?	Number		
				Number Street		
				0.1		700
				City		State ZIP Code

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Debtor 1 Cheryl M. Kwiatkowski Case number (# known)

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1:
-------	--------	----

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

lam	not	required	to	receive	a	briefing	about
cred	it co	ounseling	b	ecause o	of		

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to receive a	briefing	about
credit counseling			

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Cheryl M.	Kwiatkowski	Case number (if kno	nwn)
First Name Mid	idie Name Last Name		
Part 6: Answer These	Questions for Reporting Purpo	ses	
16. What kind of debts do		arily consumer debts? Consumer deb ual primarily for a personal, family, or hous	
you have:	No. Go to line 16b.		
		arily business debts? Business debts	are debte that you incurred to obtain
		investment or through the operation of the	
	No. Go to line 16c. Yes. Go to line 17.		
		ou owe that are not consumer debts or bus	inges debts
	100. State the type of debts yo	ou owe that are not consumer debts or bus	miess debis.
17. Are you filing under Chapter 7?	☐ No. I am not filing under C	Chapter 7. Go to line 18.	
Do you estimate that a any exempt property i excluded and	s administrative expens	oter 7. Do you estimate that after any exentees are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
administrative expens			
are paid that funds wi available for distributi	on		
to unsecured creditor		D	D
<ol><li>How many creditors d you estimate that you</li></ol>		☐ 1,000-5,000 ☐ 5,001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000
owe?	☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000
19. How much do you	XI \$0-\$50,000	\$1,000,001-\$10 million	■ \$500,000,001-\$1 billion
estimate your assets t	to \$50,001-\$100,000	■ \$10,000,001-\$50 million	□ \$1,000,000,001-\$10 billion
be worth?	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
20. How much do you	XD \$0-\$50,000	□ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion
estimate your liabilitie to be?		☐ \$10,000,001-\$50 million	☐ \$1,000,000,001-\$10 billion
to be:	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
Part 7: Sign Below			
For you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and
	If I have chosen to file under C	hapter 7, I am aware that I may proceed, I understand the relief available under ea	
		nd I did not pay or agree to pay someone of and read the notice required by 11 U.S.C	
	I request relief in accordance v	with the chapter of title 11, United States C	ode, specified in this petition.
		sult in fines up to \$250,000, or imprisonme	money or property by fraud in connection ant for up to 20 years, or both.
	> Cheux M. Kuratt	Packlo x	
	Signature of Debtor 1	Signature	e of Debtor 2
	Executed on 2/16/1	Executed	i on
		YYYYY	MM / DD / YYYY

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Debtor 1	Cheryl First Name	M. Middle Nam	Kwiatkowski Last Name	Case number (# known)_	
represe If you ar by an at	r attorney, i nted by one re not repre torney, you	sented do not	I, the attorney for the debtor(s) named to proceed under Chapter 7, 11, 12, o available under each chapter for which the notice required by 11 U.S.C. § 342 knowledge after an inquiry that the info	r 13 of title 11, United States Code, an n the person is eligible. I also certify the (b) and, in a case in which § 707(b)(4	d have explained the relief nat I have delivered to the debtor(s) (D) applies, certify that I have no
need to	file this pag	je.	Signature of Attorney for Debtor	Date	2/16/2016 MM / DD /YYYY
			Dan Balanoff Printed name Balanoff & Associates Firm name 10100 S. Ewing Avenue Number Street		
			Chicago City	IL State	60617 ZIP Code
			Contact phone773-721-0111	Email address	chicagojustice@gmail.com
			6294202	IL	
			Bar number	State	

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Debtor 1	Cheryl	M.	Kwiatkowski	Case numb	er (if known)	
	First Name	Middle Name	Last reame			
bankrup attorney		an	The law allows you, as an inc should understand that ma themselves successfully. B consequences, you are stro	ny people find it extreme ecause bankruptcy has	ely difficult t long-term fi	to represent nancial and legal
an attorr	e represent ney, you do file this pag	not	To be successful, you must contechnical, and a mistake or inaction dismissed because you did not hearing, or cooperate with the firm if your case is selected for case, or you may lose protected.	ction may affect your rights. file a required document, p court, case trustee, U.S. true audit. If that happens, you	For example ay a fee on ti stee, bankrup could lose you	, your case may be me, attend a meeting or otcy administrator, or audit ur right to file another
			You must list all your property a court. Even if you plan to pay a in your schedules. If you do no property or properly claim it as also deny you a discharge of a case, such as destroying or his cases are randomly audited to Bankruptcy fraud is a seriou	particular debt outside of y t list a debt, the debt may no exempt, you may not be ab Il your debts if you do some ling property, falsifying reco determine if debtors have b	our bankruptont be discharged to keep the thing dishone rds, or lying. Heen accurate	cy, you must list that debt ged. If you do not list e property. The judge can est in your bankruptcy Individual bankruptcy e, truthful, and complete.
			If you decide to file without an hired an attorney. The court wi successful, you must be familia Bankruptcy Procedure, and the be familiar with any state exemple.	Il not treat you differently be ar with the United States Ba e local rules of the court in w	cause you ar nkruptcy Cod	re filing for yourself. To be le, the Federal Rules of
			Are you aware that filing for baconsequences?	nkruptcy is a serious action	with long-ter	m financial and legal
			☐ Yes			
			Are you aware that bankruptcy inaccurate or incomplete, you I No	fraud is a serious crime and could be fined or imprisoned	d that if your d?	bankruptcy forms are
			Did you pay or agree to pay so	omeone who is not an attorn	ev to help vo	u fill out your bankruptcy forms?
			□ No			•
			☐ Yes. Name of Person Attach Bankruptcy Petit	ion Preparer's Notice, Declar	ation, and Sig	nature (Official Form 119).
			By signing here, I acknowledg have read and understood this attorney may cause me to lose	notice, and I am aware tha	t filing a bank	ruptcy case without an
		,	•	×		
		,	Signature of Debtor 1		Signature of Del	otor 2
			Date MAY DD / YYYY	_	Date	MM / DD / YYYY
			MM / DD / YYYY  Contact phone		Contact phone	MM. DD / 1111
			Cell phone		Cell phone	
			Email address		Email address	

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Debtor 1 Che	eryl	M.	Kwiatkowski
	First Name	Middle Name	Last Name
Debtor 2			
Spouse, if filing)	First Name	Middle Name	Last Name
United States B	Bankruptcy Court f	or the Northern	District of (State)

Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

art 1: Summarize Your Assets	
Schedule A/B: Property (Official Form 106A/B)	Your assets Value of what you own  0,00
1a. Copy line 55, Total real estate, from Schedule A/B	<b>4</b> 00
1b. Copy line 62, Total personal property, from Schedule A/B	30,720
1c. Copy line 63, Total of all property on Schedule A/B	30,720
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	g
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	g
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ 34,226
Your total liabilities	24,226
Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	<u>t</u> 400.28
Schedule J: Your Expenses (Official Form 106J)	1,399.89

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Debtor 1 Cheryl M. Kwiatkowski Case number (# kinown)\_\_\_\_\_

Pa	rt 4: Answer These Questions for Administrative and Statistical Records	3
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	No. You have nothing to report on this part of the form. Check this box and submit this form. Yes	form to the court with your other schedules.
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	
	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	t of the form. Check this box and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from Official
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	
		Total claim
	From Part 4 on Schedule E/F, copy the following:	
	9a. Domestic support obligations (Copy line 6a.)	<u>g.00</u>
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	€.00
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	€.00
3	9d. Student loans. (Copy line 6f.)	<u>0</u> .00
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	0.00
1	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ Q.00
1	9g. <b>Total.</b> Add lines 9a through 9f.	<u>9.00</u>

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	Cheryl	M.	Kwiatkowski
Debtor 1			
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name Northern	Last Name Illinois
United States B	ankruptcy Court for	the:	District of
			(State)
Case number			

☐ Check if this is an amended filing

#### Official Form 106A/B

#### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residen	nce, Building, Land, or Other Real Estate You Own	or Have an Interest In	
Do you own or have any legal or e	equitable interest in any residence, building, land, or simila	ar property?	
X No. Go to Part 2.			
Yes. Where is the property?	What is the property? Check all that apply.  ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
Street address, if available, or oth	Condominium or cooperative  Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
City Sta	Land Investment property Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add abou property identification number:	Check if this is co	mmunity property
If you own or have more than one, I	What is the property? Check all that apply.  Single-family home	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Street address, if available, or oth	ther description  Condominium or cooperative  Manufactured or mobile home  Land	Current value of the entire property?	Current value of the portion you own?
City Sta	tate ZIP Code Investment property Timeshare Other Other	Describe the nature of interest (such as fee the entireties, or a life	of your ownership simple, tenancy by
County	Who has an interest in the property? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number:	Check if this is co (see instructions)	ommunity property

Kwiatkowski Document Page 12 of 32 Debtor 1 number of kno What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Single-family home 1.3 Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home I and Investment property Describe the nature of your ownership City ZIP Code Timeshare State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 6,00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles U No X Yes Who has an interest in the property? Check one. Dodge 31 Make Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: X Debtor 1 only Caliber Model Creditors Who Have Claims Secured by Property. Debtor 2 only 2009 Year. Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: 60000 At least one of the debtors and another Other information \$.000.00 5000 Check if this is community property (see instructions) If you own or have more than one, describe here Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model Creditors Who Have Claims Secured by Property. Debtor 2 only Year. Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage At least one of the debtors and another Other information Check if this is community property (see instructions)

Case 16-05294

Doc 1

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Desc Main

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Kwiatkowski Page 13 of 32 number (if known) Debtor 1 Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D. Debtor 1 only Model Creditors Who Have Claims Secured by Property. Debtor 2 only Year Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make the amount of any secured claims on Schedule D: Debtor 1 only Model Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage At least one of the debtors and another Other information Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No ☐ Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model Debtor 2 only Year Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 42 Make: the amount of any secured claims on Schedule D. Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year. Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions)

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Debtor 1

Cheryl

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Describe Your Personal and Household Items Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware 200.00 Furniture X Yes. Describe..... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No TV, Computer 250.00 X Yes. Describe. 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles X No Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments X No Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment X No Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No \$00.00 X Yes. Describe. Clothes 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver X No Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No X Yes. Describe...... 2 Cats 14. Any other personal and household items you did not already list, including any health aids you did not list Yes. Give specific

for Part 3. Write that number here

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

\$50.00

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Doc 1

Dehtor 1

L. Document

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Describe Your Financial Assets Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition X Yes \$50.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No X Yes..... Institution name: \$0.00 First Savings Bank of Hegwisch 17.1. Checking account: \$0.00 First Savings Bank of Hegwisch 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: \$\_\_\_ 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts X No ☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

□ No	Name of entity:	% of ownership:	
☐ Yes. Give specific		%	\$
information about them		%	\$
		%	\$ 

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No			
Yes. Give specific information about	Issuer name:		
them			
			- \$ - \$
			- 5
tirement or pension amples: Interests in I	n accounts RA, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plan	ns
l No			
Yes. List each account separately.	. Type of account:	Institution name:	
	401(k) or similar plan:		\$
	Pension plan:	First Saving Bank of Hegwisch, profit sharing, Reed Elsevier Pension	\$5,000.00
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
our share of all unuse	d deposits you have n	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications	\$
our share of all unuse ixamples: Agreements ompanies, or others	prepayments d deposits you have n		\$
our share of all unuse xamples: Agreements ompanies, or others	prepayments d deposits you have n with landlords, prepa	nade so that you may continue service or use from a company	\$
our share of all unuse camples: Agreements impanies, or others	prepayments d deposits you have n with landlords, prepa	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications	\$ - \$
our share of all unuse camples: Agreements mpanies, or others	prepayments d deposits you have n with landlords, prepa	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$ - \$
ur share of all unuse amples: Agreements mpanies, or others No	prepayments d deposits you have not with landlords, preparations In Electric: Gas: Heating oil:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$
ur share of all unuse amples: Agreements apanies, or others	prepayments d deposits you have not with landlords, preparations In Electric: Gas: Heating oil:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$ - \$
ur share of all unuse amples: Agreements mpanies, or others No	prepayments d deposits you have not with landlords, preparations In Electric: Gas: Heating oil:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$ - \$ - \$
ur share of all unuse amples: Agreements mpanies, or others	prepayments d deposits you have not with landlords, preparation in the second s	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$ - \$ - \$
our share of all unuse samples: Agreements mpanies, or others	prepayments d deposits you have not with landlords, prepair  In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$
ur share of all unuse amples: Agreements mpanies, or others No	prepayments d deposits you have not with landlords, prepair  In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$ - \$ - \$ - \$ - \$ - \$
ur share of all unuse amples: Agreements npanies, or others	prepayments d deposits you have not with landlords, prepair  In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$ \$ \$ \$ \$ \$ \$
ur share of all unuse amples: Agreements npanies, or others No Yes	prepayments d deposits you have not with landlords, prepair line Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$
ur share of all unuse amples: Agreements mpanies, or others  No Yes	prepayments d deposits you have not with landlords, preparation of the second of the s	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$
ur share of all unuse amples: Agreements mpanies, or others  No Yes	prepayments d deposits you have not with landlords, prepail  In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:  Intal unit:  Of money to you, either for life or for a number of years)	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$
Tour share of all unuse Examples: Agreements ompanies, or others  No Yes	prepayments d deposits you have not with landlords, prepair line Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:  Intal unit:  Of money to you, either for life or for a number of years)	\$\$\$\$\$\$
our share of all unuse xamples: Agreements ompanies, or others  No Yes	prepayments d deposits you have not with landlords, prepail  In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:  Intal unit:  Of money to you, either for life or for a number of years)	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$
Examples: Agreements companies, or others  No Yes	prepayments d deposits you have not with landlords, prepail  In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual:  Intal unit:  Of money to you, either for life or for a number of years)	- \$ - \$ - \$ - \$ - \$ - \$

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). X No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c). 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit X No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements X No ☐ Yes. Give specific information about them. 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses X No Yes. Give specific information about them. Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you X No Yes. Give specific information Federal about them, including whether you already filed the returns State and the tax years..... Local 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement X No ☐ Yes. Give specific information..... Alimony: Maintenance Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else X No Yes. Give specific information.

Dehtor 1

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Locument National Locument Page 18 of 32 Debtor 1 Middle Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance X No Surrender or refund value: Yes. Name the insurance company Beneficiary: Company name: of each policy and list its value. . 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. X No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue X No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ No Yes. Describe each claim... 35. Any financial assets you did not already list X No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 25,070.00 for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? X No. Go to Part 6 Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No Yes. Describe ..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No

Yes, Describe .....

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Debtor 1	Cheryl	M.	Kwiatkowski	Case number (if known)	
500101	First Name	Middle Name	Last Name		
40. Machine	ery, fixtures, e	quipment, su	pplies you use in business, and too	ols of your trade	
☐ No					
Yes	. Describe				\$
41. Invento	ry				
	Describe				\$
42 Interest	ts in partnersh	nins or joint ve	entures		
□ No	is in purmore	ilbo or Joine C			
	. Describe	Name of ontit	N.	% of ownership:	
			y.	bet the contract contract to a	\$
					\$
					\$
43. Custon	ner lists, maili	ng lists, or oth	ner compilations		
☐ No					
Yes	Do your lists	include pers	onally identifiable information (as o	defined in 11 U.S.C. § 101(41A))?	
	☐ No				
	Yes. Des	cribe			\$
44. Any bu	siness-related	property you	ı did not already list		
☐ No					
	s. Give specific				\$
inio	mation				\$
					\$
		-			\$
					\$
					\$
45 Add th	e dollar value	of all of your	entries from Part 5, including any e	entries for pages you have attached	0030
for Par	t 5. Write that	number here		->	4
Part 6:	Describe /	any Farm- ar	d Commercial Fishing-Related	l Property You Own or Have an Interest I	n.
	If you own o	or have an inte	erest in farmland, list it in Part 1.		
10 D	bassa	anu lagal ar a	quitable interest in any farm- or co	mmercial fishing-related property?	
	Go to Part 7.	any legal or e	quitable interest in any farin- or con	minerolal norming rotated property.	
	s. Go to line 47				
					Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.
47. Farm a	animals				
Examp	les: Livestock,	poultry, farm-r	aised fish		
☐ No					
☐ Ye	S				
					\$

Document Page 20 of 32 Cheryl Debtor 1 48. Crops-either growing or harvested ☐ No Yes. Give specific information 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes 51. Any farm- and commercial fishing-related property you did not already list ☐ No Yes. Give specific information... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached €0.00 for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership X No Yes. Give specific information...... \$.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form **\$**0.00 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 5000.00 57. Part 3: Total personal and household items, line 15 25,070.00 58 Part 4: Total financial assets, line 36 0\$00 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 0600 61. Part 7: Total other property not listed, line 54 ₩000 Copy personal property total → +30,720.00 62. Total personal property. Add lines 56 through 61. 30,720.00 \$0,720.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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Desc Main

Case 16-05294

Doc 1

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Fil	ll in this inform	ation to identify	your case:					
D	Chery	I	M.	Kwiatkowsk	ti			
De	ebtor 1 First !	iame	Middle Name	Last Name				
	obtor 2 pouse, if filing) First !	lame	Middle Name	Last Name				
Ur	nited States Bankr	uptcy Court for the:	Northern	District of	nois			
	ase number			(	State)			Check if this is ar amended filing
Of	ficial For	m 106C						
-				erty You				
Usir spac	ng the property y	ou listed on Sche	edule A/B: Prop this page as n	perty (Official Form 106)	A/B) as your so	ource, list the pr	roperty that y	upplying correct information.  you claim as exempt. If more of any additional pages, write
of a retir limi wou	cific dollar amo ny applicable s rement funds— ts the exemption	ount as exempt. statutory limit. Someone be unlimite on to a particular or the applicable	Alternatively, ome exemptio d in dollar am dollar amoun statutory amo	you may claim the full ins—such as those for lount. However, if you at and the value of the unt.	fair market va health aids, r claim an exen	alue of the pro rights to receiv nption of 100%	operty being ve certain b % of fair ma	e way of doing so is to state a gexempted up to the amount enefits, and tax-exempt rket value under a law that amount, your exemption
	art 1: Ident	ify the Propert	y Tou Giann	as Exempt				
	You are cla	aiming state and f	ederal nonbani	Check one only, even in kruptcy exemptions. 11 .S.C. § 522(b)(2)			I.	
2.	For any prope	rty you list on S	chedule A/B th	nat you claim as exem	pt, fill in the ir	nformation bel	low.	
		ion of the proper that lists this pro		Current value of the portion you own	Amount of ti	he exemption y	ou claim	Specific laws that allow exemption
				Copy the value from Schedule A/B	Check only o	ne box for each	exemption.	
	Brief description:	2009 Dodge Calil	ber	5000	X 🔲 \$0 <u>00</u>		7	35-5/12-1001(c), 735-5/12-1001(b)
	Line from Schedule A/B:	3.1				fair market val icable statutory	The second secon	
	Brief description:	Furniture		300	X 🗆 200		7	35-5/12-1001(b)
	Line from Schedule A/B:	6				fair market val icable statutory		
	Brief description:	TV, Computer		350	X 🔲 25 <u>0</u>			35-5/12-1001(b)
	Line from Schedule A/B:	7				fair market val icable statutory		
2	Are you claim	ing a homestead	l evemption of	f more than \$155,675?	6			
	(Subject to adj			years after that for case		fter the date of	adjustment.)	
Х	No Yes. Did yo	ou acquire the pro	perty covered	by the exemption within	1,215 days be	efore you filed to	his case?	
	☐ No☐ Yes							

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Debtor 1

first1

middle1

last1

Case number (if known) case number

**Additional Page** 

			-
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Specific laws that allow exemption	n
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief Clothes	300	35-5/12-1001(b)	-
description: Line from Cash		100% of fair market value, up to any applicable statutory limit	_
Schedule A/B:		any applicable statutory limit	
Brief description:	\$ 50.00	335-5/12-1001(b)	-
Line from Schedule A/B: Checking (6		any applicable statutory limit	-
Brief Checky	\$ 10.00	□ \$35-5/12-1001(b)	_
description: Line from Savings (7.)		100% of fair market value, up to	_
Schedule A/B:		any applicable statutory limit	-
Brief description: 10 Saving S	\$ 10.00	□ \$35-5/12-1001(b)	
Line from Pension 17.2		100% of fair market value, up to	_
Schedule A/B:		any applicable statutory limit V1.2	-
Brief description: 25000 Profit Share / Penson	su \$25,000	\$35-5/12-1001(b), 735-5/12-1006	_
Line from	,	100% of fair market value, up to any applicable statutory limit	_
Schedule A/B:			
Brief description:	\$	<b></b>	_
Line from		100% of fair market value, up to any applicable statutory limit	-
Schedule A/B:		any applicable statutory infinit	
Brief description:	\$	<b>_</b>	_
Line from		100% of fair market value, up to     any applicable statutory limit	
Schedule A/B:		any applicable statutory infinit	_
Brief description:	\$	<b></b> \$	_
Line from		100% of fair market value, up to any applicable statutory limit	_
Schedule A/B: ———			
Brief description:	\$	<b></b> \$	_
Line from		100% of fair market value, up to any applicable statutory limit	_
Schedule A/B:		any apprication statutery in the	
Brief description:	\$	<b>□</b> \$	_
Line from		100% of fair market value, up to any applicable statutory limit	_
Schedule A/B:			
Brief description:	\$	□ \$ 100% of fair market value, up to	_
Line from Schedule A/B:		any applicable statutory limit	_
Constant 745.			
Brief description:	\$	s	_
Line from		100% of fair market value, up to any applicable statutory limit	_
Schedule A/B:			

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Debtor 1

Cheryl

Kwiatkow ocument

	7 02/10/10 13.33.21	Desc Main	
Page 23	ofc32 number of known		

-Heryr	141.	14
First Name	Middle Name	

Pa	rt 2: List All of Your NONPRIC	RITY U	nsecured Clai	ms	
	Do any creditors have nonpriority upon No. You have nothing to report in to Yes			1.000	
	nonpriority unsecured claim, list the cre	editor sep editor holo	arately for each of	cal order of the creditor who holds each claim. If a creditor has claim. For each claim listed, identify what type of claim it is. Do not im, list the other creditors in Part 3.If you have more than three no	list claims already
	i				Total claim
	Avant			Last 4 digits of account number 9 7 1 8	7,878.00
	Nonpriority Creditor's Name 640 N. LaSalle, Ste., 535			When was the debt incurred? 08/27/2015	3
	Number Street Chicago	II.	60654		
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code		
	Who incomed the debta of the			Contingent	
	Who incurred the debt? Check one.			Unliquidated	
1.9	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY upgenered alaims	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:	
	At least one of the deptors and another			Student loans	
	Check if this claim is for a communication	inity debt	t	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
	□ No			Other. Specify	
	☐ Yes				
2	CI.			Last 4 digits of account number 4 7 6 3	s 497.00
-	Chase Nonpriority Creditor's Name			When was the debt incurred? 11/15/2015	9
	Control of the Control of Control			when was the debt incurred? 11/15/2015	
	P.O. Box 15298 Number Street				
		DE	19850	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code		
				Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
)	Debtor 1 only			■ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			The Control of Control	
	At least one of the debtors and another			Student loans	
	☐ Check if this claim is for a commu	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
	No			Other. Specify	
	Yes			and the state of t	
	Chase			Last 4 digits of account number 3 9 6 6	1,989.00
	Nonpriority Creditor's Name			When was the debt incurred? 09/27/2015	\$
	P.O. Box 15298 Number Street				
	Wilmington	DE	19850	As of the date you file the states in Ot at 1991	
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.			☐ Contingent	
	Debtor 1 only			Unliquidated	
	Debtor 2 only			☐ Disputed	
	Debtor 1 and Debtor 2 only			T. (NONDRODEN)	
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:	
				☐ Student loans	
	☐ Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?			that you did not report as priority claims	
	□ No			Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes			Other. Specify	

Case 16-05294 Doc 1 Filed 02/18/1	6 Entered 02/18/16 15:35:21 Desc Main Page 24 of 32/28 number (d known)	
Part 2: Your NONPRIORITY Unsecured Claims — Contin	24 H C C C C C C C C C C C C C C C C C C	
After listing any entries on this page, number them beginning with	n 4.5, followed by 4.6, and so forth.	Total claim
Comen: ty Bank  Nonpriority Creditor's Name  P. O. Box 182789  Number Street  Columbus OH 43218  City State ZIP Code	When was the debt incurred? 04/19/2015  As of the date you file, the claim is: Check all that apply.	s 1,757
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans	
At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Obligations arising out of a separation agreement or divorce that you did not report as priority claims     Debts to pension or profit-sharing plans, and other similar debts     Other. Specify	
4.5 Di Sco vev  Nonpriority Creditor's Name  0 0 2 v 16216	Last 4 digits of account number 8 3 0 1  When was the debt incurred? 09/04/2009	\$ <b>9,3</b> /4
Number Street  Wilmington  City  State  V.O. Box 15316  Number Street  DE 19850  State ZIP Code	As of the date you file, the claim is: Check all that apply.  □ Contingent	
Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Unilquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?  ☐ No ☐ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
9.6 DSNB/Macy's Nonpriority Creditor's Name	and a digital of account number	s1,469
P.U. Box 8218 Number Street	When was the debt incurred? 03/29/2010	
Mason  City  State  At East One  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	

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Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing	any entries on this page, number them beginning with 4	.5, followed by 4.6, and so forth.	Total claim
Nonpriorit  O. O.  Number  Oity  Who in  Debric Debric At le	1CB/Walmert	Last 4 digits of account number ○ 2 1 3  When was the debt incurred? 05/\(\lambda \) 2 1 3  When was the debt incurred? 05/\(\lambda \) 2	s1,322
	y Creditor's Name Street State ZIP Code	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	\$
Deb Deb Deb At le	curred the debt? Check one. for 1 only for 2 only for 1 and Debtor 2 only for 2 only for 3 only for 3 only for 4 only for 3 only for 4 only for 4 only for 5 only for 5 only for 5 only for 6 only for 7 only for 6 only for 7 only for 8 only for 9 only for 1 only for 9 only for 1 only for 2 only for 1 only for 1 only for 2 only for 1 only for 1 only for 2 only for 1 only for 1 only for 2 only for 2 only for 2 only for 3 only for 4 only for 6 only for 7 only for 6 only fo	□ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify	
Number  City  Who in  Deb  Deb  At le	Street  State ZIP Code  curred the debt? Check one.  tor 1 only  tor 2 only  tor 1 and Debtor 2 only east one of the debtors and another  ck if this claim is for a community debt  claim subject to offset?	Last 4 digits of account number	\$

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Fill in this	information to iden	tify your case:			
Debtor	Cheryl	M.	Kwiatkowski		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse If filing	g) First Name	Middle Name	Last Name	-	
United State	s Bankruptcy Court for t	the: Northern	District of Illinois		
Case numbe			(State)		
(If known)					Check if this is an amended filing
Official	Form 106G				
Sched	ule G: Exc	ecutory C	ontracts and	Unexpired Leases	12/15
				ether, both are equally responsible for sup	oplying correct
nformation.	If more space is no		itional page, fill it out, num	ber the entries, and attach it to this page.	
		y contracts or unex		ton Vou hour authire also to second on this for	
				les. You have nothing else to report on this for isted on Schedule A/B: Property (Official Form	
exampl				ct or lease. Then state what each contract n the instruction booklet for more examples of	
Person	or company with w	hom you have the o	contract or lease	State what the contract or lease is	for
1 010011	or company with w	mom you have the c	online of fouce	State what the contract of feace to	
.1					
Name					
Number	Street				
City		State ZIP Code			
2					
Name					
Number	Street				
City		State ZIP Code			
.3					
Name					
Number	Street				
City		State ZIP Code			
.4					
Name					
Number	Street				
City		State ZIP Code			
5		an oud			
Name					
Hallie					
Number	Street				
City		State ZIP Code			
CHV		State ZIP Code			

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Debtor 1			Kwiatkowski
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filin	g) First Name	Middle Name	Last Name
United States	s Bankruptcy Court fo	or the: Northern	District of Illinois

Check if this is an amended filing

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

☐ No	ive any codebtors? (If y					
Yes						
		lived in a community proper na, Nevada, New Mexico, Puer			0 5	nclude
No. Go	o to line 3.					
Yes. D	oid your spouse, former s	spouse, or legal equivalent live	with you at the time?			
☐ No	)					
☐ Yes	s. In which community st	tate or territory did you live?		Fill in the name	and current address of that	person.
Ma	ime of your spouse, former spou	en er lagal savivalent				
140	irre ut your spouse, tormet spou	se, or regar equivalent				
Nu	imber Street					
City	V	State	ZIP Code			
		otors. Do not include your sp				
chedule chedule	line 2 again as a codeb D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form		G (Official Fo	m 106G). Use Schedule D	,
chedule chedule	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form		G (Official For		,
chedule chedule Column 1	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form		Column 2	2: The creditor to whom you schedules that apply:	,
chedule chedule	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form		Column 2 Check a	2: The creditor to whom you schedule D. I schedules that apply:	,
chedule chedule Column 1	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form		Column : Check a	The creditor to whom you schedule D. I schedules that apply:  edule D, lineedule E/F, line	,
chedule chedule Column 1 Name	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form ill out Column 2.	106E/F), or Schedul	Column : Check a	2: The creditor to whom you schedule D. I schedules that apply:	,
chedule chedule Column 1	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form		Column : Check a	The creditor to whom you schedule D. I schedules that apply:  edule D, lineedule E/F, line	,
chedule chedule Column 1  Name  Number  City	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form ill out Column 2.	106E/F), or Schedul	Column: Check a	The creditor to whom you schedule D. I schedules that apply:  adule D, line  adule E/F, line  adule G, line	,
chedule chedule Column 1 Name	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form ill out Column 2.	106E/F), or Schedul	Column : Check a Sche	2: The creditor to whom you il schedules that apply:  edule D, lineedule E/F, lineedule G, lineedule D, line	,
Chedule Column 1  Name  Number  City	D (Official Form 106D), E/F, or Schedule G to f 1: Your codebtor	, Schedule E/F (Official Form ill out Column 2.	106E/F), or Schedul	Column: Check a Sche Sche Sche	2: The creditor to whom you schedule D, lineedule E/F, lineedule D, lineedule D, lineedule D, lineedule D, lineedule E/F, lineedule E/F, lineedule E/F, lineedule E/F, lineedule E/F, lineedule E/F, line	,
chedule chedule Column 1  Name  Number  City	D (Official Form 106D), E/F, or Schedule G to f	, Schedule E/F (Official Form ill out Column 2.	106E/F), or Schedul	Column: Check a Sche Sche Sche	2: The creditor to whom you il schedules that apply:  edule D, lineedule E/F, lineedule G, lineedule D, line	,
Chedule Column 1  Name  Number  City	D (Official Form 106D), E/F, or Schedule G to f 1: Your codebtor	, Schedule E/F (Official Form ill out Column 2.	106E/F), or Schedul	Column: Check a Sche Sche Sche	2: The creditor to whom you schedule D, lineedule E/F, lineedule D, lineedule D, lineedule D, lineedule D, lineedule E/F, lineedule E/F, lineedule E/F, lineedule E/F, lineedule E/F, lineedule E/F, line	,
Chedule Column 1  Name  Number  City  Number	D (Official Form 106D), E/F, or Schedule G to f 1: Your codebtor	Schedule E/F (Official Formill out Column 2.	106E/F), or Schedul	Column: Check a Sche Sche Sche Sche	2: The creditor to whom you schedule D, lineedule E/F, lineedule D, lineedule D, lineedule D, lineedule D, lineedule D, lineedule E/F, lineedule E/F, lineedule E/F, lineedule G, line	,
Chedule Column 1  Name  Number  City  Number	D (Official Form 106D), E/F, or Schedule G to f 1: Your codebtor	Schedule E/F (Official Formill out Column 2.	106E/F), or Schedul	Column: Check a Sche Sche Sche Sche Sche	2: The creditor to whom you ill schedules that apply:  edule D, line edule E/F, line edule D, line edule D, line edule E/F, line edule G, line edule G, line edule D, line	,
Chedule Column 1  Name  Number  City  Name  Number	D (Official Form 106D), E/F, or Schedule G to f  Your codebtor  Street	Schedule E/F (Official Formill out Column 2.	106E/F), or Schedul	Column : Check a  Sche Sche Sche Sche Sche Sche Sche Sch	2: The creditor to whom you il schedules that apply:  edule D, line  edule G, line  edule E/F, line  edule G, line  edule G, line  edule G, line  edule G, line	,
Chedule Column 1  Name  Number  City  Number  City	D (Official Form 106D), E/F, or Schedule G to f 1: Your codebtor	Schedule E/F (Official Formill out Column 2.	106E/F), or Schedul	Column : Check a  Sche Sche Sche Sche Sche Sche Sche Sch	2: The creditor to whom you ill schedules that apply:  edule D, line edule E/F, line edule D, line edule D, line edule E/F, line edule G, line edule G, line edule D, line	,

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Fill in this information to identify	your case:				
Debtor 1 Cheryl N	1.	Kwiatkowski			
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the	Northern	District of Illinois			
Case number		_	ale)	Check if th	nis is:
(If known)				☐ An ame	ended filing
					lement showing postpetition chapter 13 as of the following date:
Official Form 106I				MM / DI	D/ YYYY
Schedule I: You	ır Income				12/15
supplying correct information. If you	ou are married and not t use is not filing with you top of any additional p	filing jointly, and y	our spouse information al	is living with yo	r 2), both are equally responsible for ou, include information about your spouse. ise. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	X Employed  Not emplo			☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		Bank Teller			
Occupation may include student or homemaker, if it applies.	Occupation				
	Employer's name	First Savings Bank	k of Hegwisch		
	Employer's address	13220 S. Baltimor	e Avenue		
		Number Street			Number Street
		Chicago	IL 6063	12	
		City		Code	City State ZIP Code
	How long employed th	ere? 10 years			
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated.	the date you file this for	rm. If you have noth	ning to report	for any line, writ	te \$0 in the space. Include your non-filing
If you or your non-filing spouse habelow. If you need more space, at	ive more than one employ tach a separate sheet to	yer, combine the inf this form.	formation for a	all employers for	r that person on the lines
			Fo	r Debtor 1	For Debtor 2 or non-filing spouse
<ol><li>List monthly gross wages, sala deductions). If not paid monthly,</li></ol>			2. 1.98	7.56	\$
3. Estimate and list monthly over	time pay.		3. +\frac{3}{3}.3	4	+ s
4. Calculate gross income. Add lin	ne 2 + line 3.		4. 2,02	0.90	€ 00
			III or a second		

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Debtor 1	Cheryl	M. Kwiatkowski		Case number (if	known)	
	First Name	Middle Name Last Name				
				For Debtor 1	For Debtor 2 or non-filing spouse	
Can	u lino A horo		<b>&gt;</b> 4	2,020.90	g.00	
Сор	y line 4 nere		٦.	Ψ	*	
	all payroll dedu			246.06		
5a.	Tax, Medicare,	and Social Security deductions	5a.	§346.86	_ \$	
	,	ntributions for retirement plans	5b.	\$	\$	
		tributions for retirement plans	5c.	\$	\$	
5d.	Required repa	yments of retirement fund loans	5d.	\$ 263.48	_ \$	
	Insurance		5e.		_ \$	
5f.	Domestic supp	port obligations	5f.	\$	_ \$	
	Union dues	Vi-i	5g.	\$	_ \$	
5h.	Other deduction	ons. SpecifyVision	5h.	+\$10.28	+ \$	
6. <b>Ad</b>	d the payroll de	ductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$20.62	<u> </u>	
7. Cal	culate total mo	nthly take-home pay. Subtract line 6 from line 4.	7.	\$_,400.28	<u>\$0.00</u>	
		ne regularly received:				
8a.	profession, or					
	Attach a statem receipts, ordina monthly net inc	nent for each property and business showing gross bury and necessary business expenses, and the total come.	8a.	\$	\$	
8b.	Interest and di		8b.	\$	\$	
8c.	Family suppor regularly recei	t payments that you, a non-filing spouse, or a dependence	ent			
		r, spousal support, child support, maintenance, divorce property settlement.	8c.	\$	\$	
8d.	Unemploymen	t compensation	8d.	\$	\$	
8e.	Social Security	y	8e.	\$	\$	
8f.	Include cash as that you receive	nent assistance that you regularly receive sistance and the value (if known) of any non-cash assistance, such as food stamps (benefits under the Supplemental ance Program) or housing subsidies.	nce 8f.	\$	\$	
80		irement income	8g.	S	S	
			8h.	+s	+\$	
		income. Specify:				1
9. <b>Ad</b>	d all other inco	me. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	<u>\$0.00</u>	€.00	
		income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_,400.28	+ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>\$400.28</u>
Inclu	te all other regulated contributions and or relatives.	alar contributions to the expenses that you list in Sche is from an unmarried partner, members of your household,	<i>dule J</i> your d	ependents, your ro	commates, and other	
Do	not include any a	amounts already included in lines 2-10 or amounts that are	not av	vailable to pay exp		
Spe	cify:				11.	+ \$
		the last column of line 10 to the amount in line 11. Then the Summary of Your Assets and Liabilities and Certain S				\$400.28 Combined
		increase or decrease within the year after you file this	form?	•		monthly income
	No. Yes. Explain:					
-	1 Co. Laplain.					

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Fill in this information to identify your case:				
Debtor 1 Cheryl M. Kwiatko		Check if this is:		
First Name Middle Name Last Na  Debtor 2	ame	_	line	
(Spouse, if filing) First Name Middle Name Last Na		☐ An amended fi☐ A supplement	-	etition chapter 13
United States Bankruptcy Court for the: Northern Distriction	ct of (State)	expenses as o		
Case number (If known)	50 250	MM / DD / YYYY		
Official Form 106J				
Schedule J: Your Expenses				12/15
Be as complete and accurate as possible. If two married people as information. If more space is needed, attach another sheet to this (if known). Answer every question.	re filing together, both form. On the top of an	are equally responsi y additional pages, w	ble for supplying the supplyin	ng correct and case number
Part 1: Describe Your Household				
1. Is this a joint case?				
X☐ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
□ No				
Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate Household	of Debtor 2.		
<ol> <li>Do you have dependents?</li> <li>No</li> <li>Do not list Debtor 1 and</li> <li>Yes. Fill out this information</li> </ol>			Dependent's age	Does dependent live with you?
Debtor 2. each dependent  Do not state the dependents'				☐ No ☐ Yes
names.				□ No
				Yes
				☐ No ☐ Yes
				☐ No
		-		Yes
				□ No
				☐ Yes
<ol> <li>Do your expenses include expenses of people other than yourself and your dependents?</li> </ol> X No Yes				
Part 2: Estimate Your Ongoing Monthly Expenses				
Estimate your expenses as of your bankruptcy filing date unless	you are using this form	as a supplement in	a Chapter 13 ca	ase to report
expenses as of a date after the bankruptcy is filed. If this is a supapplicable date.				
Include expenses paid for with non-cash government assistance		of	Your exper	near
such assistance and have included it on Schedule I: Your Income		monto and		1363
<ol> <li>The rental or home ownership expenses for your residence. In any rent for the ground or lot.</li> </ol>	iciude first mongage pay	ments and 4.	\$00.00	
If not included in line 4:			127	
4a. Real estate taxes		4a.		
4b. Property, homeowner's, or renter's insurance		4b.		
4c. Home maintenance, repair, and upkeep expenses		4c.		
4d. Homeowner's association or condominium dues		4d.	\$	

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Debtor 1 Cheryl M. Kwiatkowski Case number (# known)\_\_\_\_\_

8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$5.00 10. Personal care products and services 11. Medical and dental expenses 11. 30.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance	
6a. Electricity, heat, natural gas         6a. \$5.00           6b. Water, sewer, garbage collection         6b. \$           6c. Telephone, cell phone, Internet, satellite, and cable services         6c. \$           6d. Other, Specify:         6d. \$           7. Food and housekeeping supplies         7. \$00.00           8. Childcare and children's education costs         8. \$           9. Clothing, laundry, and dry cleaning         9. \$5.00           10. Personal care products and services         10. \$0.00           11. Medical and dental expenses         11. \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         80.00           Do not include car payments.         12.           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$0.00           14. Charitable contributions and religious donations         14. \$0.00           15. Insurance.         150. Do not include insurance deducted from your pay or included in lines 4 or 20.           15a. Life insurance         15a. \$           15b. Health insurance         15c. \$4.89           15d. Other insurance. Specify:         15d. \$           15d. Other insurance. Specify:         15d. \$	
6a. Electricity, heat, natural gas         6a. \$5.00           6b. Water, sewer, garbage collection         6b. \$           6c. Telephone, cell phone, Internet, satellite, and cable services         6c. \$           6d. Other, Specify:         6d. \$           7. Food and housekeeping supplies         7. \$00.00           8. Childcare and children's education costs         8. \$           9. Clothing, laundry, and dry cleaning         9. \$5.00           10. Personal care products and services         10. \$0.00           11. Medical and dental expenses         11. \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         80.00           Do not include car payments.         12.           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$0.00           14. Charitable contributions and religious donations         14. \$0.00           15. Insurance.         150. Do not include insurance deducted from your pay or included in lines 4 or 20.           15a. Life insurance         15a. \$           15b. Health insurance         15c. \$4.89           15d. Other insurance. Specify:         15d. \$           15d. Other insurance. Specify:         15d. \$	
6b. Water, sewer, garbage collection         6b. \$           6c. Telephone, cell phone, Internet, satellite, and cable services         6c. \$0.000           6d. Other. Specify:         6d. \$           7. Food and housekeeping supplies         7. \$00.00           8. Childcare and children's education costs         8. \$           9. Clothing, laundry, and dry cleaning         9. \$5.00           10. Personal care products and services         10. \$0.00           11. Medical and dental expenses         11. \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         \$0.00           Do not include car payments.         12.           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$0.00           14. Charitable contributions and religious donations         14. \$0.00           15. Insurance.         Do not include insurance deducted from your pay or included in lines 4 or 20.           15a. Life insurance         15a. \$           15b. Health insurance         15b. \$           15c. Vehicle insurance. Specify:         15d. \$           15d. Other insurance. Specify:         15d. \$           15c. Specify:         15d. \$	
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. S 7. Food and housekeeping supplies 7. \$00.00  8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$5.00  10. Personal care products and services 11. \$0.00  11. Medical and dental expenses 11. \$0.00  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00  14. Charitable contributions and religious donations 14. \$0.00  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$	
6d. Other. Specify:	
7. Food and housekeeping supplies       7. \$00.00         8. Childcare and children's education costs       8. \$	
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$5.00 10. Personal care products and services 11. \$0.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. \$	
9. Clothing, laundry, and dry cleaning 9. \$5.00 10. Personal care products and services 11. \$0.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Specify: 17	
10.   Source   10.	
11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. Support the include car payments.  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Entertainment, clubs, recreation, newspapers, magazines, and books  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$0.00  14. \$0.00  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  16c. Specify: 16c. \$	
Do not include car payments.  12.  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. S	
14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. S	
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Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. \$	
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$	
15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$  15d. \$  15d. \$  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. \$  16. \$  17. \$  18. \$  18. \$  19.	
15d. Other insurance. Specify:	
15d. Other insurance. Specify:	
Specify:	
Operation in the second	
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	
17b. Car payments for Vehicle 2	
17c. Other. Specify: 17c. \$	
17d. Other. Specify: 17d. \$	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	
19. Other payments you make to support others who do not live with you.	
Specify:	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property 20a. \$	
20b. Real estate taxes	
20c. Property, homeowner's, or renter's insurance	
20d. Maintenance, repair, and upkeep expenses 20d. \$	
20e. Homeowner's association or condominium dues 20e. \$	

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Debtor 1	Cheryl First Name	M. Middle Name	Kwiatkowski Last Name	_ Case	number (# knowa)	
21. <b>Ot</b> l	ner Specify				21.	+\$
22. <b>Cal</b>	culate your n	nonthly expenses				
22a	. Add lines 4	through 21.			22a.	gl_,399.89
22b	Copy line 22	(monthly expense	s for Debtor 2), if any, from Officia	al Form 106J-2	22b.	\$
220	Add line 22a	and 22b. The resu	alt is your monthly expenses.		22c.	<u>\$</u> 1,399.89
23. Calc	ulate your m	onthly net income	i.			1400.28
23a.	Copy line 12	2 (your combined n	nonthly income) from Schedule I.		23a.	<u>L</u> 400.28
23b.	Copy your n	nonthly expenses f	rom line 22c above.		23b.	<b>-</b> \$399.89
23c.		100	s from your monthly income.			4399.89 .39
	The result is	your monthly net i	ncome.		23c.	3
24. <b>Do y</b>	ou expect an	increase or decre	ease in your expenses within th	e year after you file this	form?	
			paying for your car loan within the rease because of a modification to			
X□ N	0.					
☐ Y	es. Explai	n here:				